

[illegible]

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

FOR HEMODIALYSIS

the specification of which
(check one)

- ☐ is attached hereto.
- ☐ was filed on _____ as

Application Serial No. _____

and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

French Language Declaration

Je revendique par le présent acte le bénéfice de priorité étrangère selon Titre 35, du Code des Etats-Unis, §119 de toute demande de brevet ou d'attestation d'inventeur énumérée ci-après, et j'ai identifié également ci-après toute demande étrangère de brevet ou d'attestation d'inventeur ayant une date de dépôt antérieure à celle de la demande pour laquelle la priorité est revendiquée.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior foreign applications

Demande(s) de brevet antérieure(s) dans un autre pays:

Priority claimed

Droit de priorité revendiqué

(Number)
(Numéro)

(Country)
(Pays)

(Day/Month/Year Filed)
(Jour/Mois/Année de dépôt)

☐
Yes
Oui

☐
No
Non

(Number)
(Numéro)

(Country)
(Pays)

(Day/Month/Year Filed)
(Jour/Mois/Année de dépôt)

☐
Yes
Oui

☐
No
Non

(Number)
(Numéro)

(Country)
(Pays)

(Day/Month/Year Filed)
(Jour/Mois/Année de dépôt)

☐
Yes
Oui

☐
No
Non

Je revendique par le présent acte, le bénéfice selon Titre 35 du Code des Etats-Unis, §120 de toute(s) demande(s) américaines énumérée(s) ci-après et, dans la mesure où le sujet de chacune des revendications de cette demande n'est pas divulgué dans la demande américaine antérieure, de la façon définie par le premier paragraphe de Titre 35 du Code des Etats-Unis, §112, je reconnais le devoir de divulguer l'information pertinente selon Titre 37 du Code des Règlements Fédéraux, §1.56, toute information qui se présente entre la date de dépôt de la demande antérieure et la date de dépôt de la demande, soit nationale, soit internationale PCT.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56, which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)
(No. de Demande)

(Filing Date)
(Date de Dépôt)

(Etat)
(brevetée, pendante,
abandonné)

(Status)
(patented, pending,
abandoned)

(Application Serial No.)
(No. de Demande)

(Filing Date)
(Date de Dépôt)

(Etat)
(brevetée, pendante,
abandonnée)

(Status)
(patented, pending,
abandoned)

Je déclare par le présent acte que toutes mes déclarations, à ma connaissance, sont vraies et que toutes les déclarations faites à partir de renseignements ou de suppositions, sont tenues pour être vraies; de plus, toutes ces déclarations ont été faites en sachant que de fausses déclarations volontaires ou autres actes de même nature sont sanctionnées par une amende ou un emprisonnement, ou les deux, selon la Section 1001, du Titre 18 de Code des Etats-Unis et que de telles déclarations délibérément fausses peuvent compromettre la validité de la demande ou du brevet délivré.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

French Language Declaration

POUVOIR: En tant qu'inventeur, je désigne l'(les) avocat(s) et/ou l'(les) agent(s) suivant(s) pour poursuivre la procédure de cette demande et traiter toute affaire la concernant supris du Bureau des Brevets et de Marques:

Harold L. Stowell, Reg. 17,233
Edward J. Kondracki, Reg. 20,604
Dennis P. Clarke, Reg. 22,549
William L. Feeney, Reg. 29,918
John C. Kerins, Reg. 32,421

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Harold L. Stowell, Reg. 17,233
Edward J. Kondracki, Reg. 20,604
Dennis P. Clarke, Reg. 22,549
William L. Feeney, Reg. 29,918
John C. Kerins, Reg. 32,421

Adresser toute correspondance à:

KERKAM, STOWELL, KONDRACKI
& CLARKE, P.C.
5203 Leesburg Pike, Suite 600
Falls Church, VA 22041

Send Correspondence to:

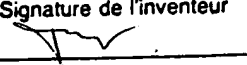
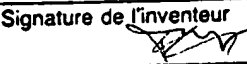
KERKAM, STOWELL, KONDRACKI
& CLARKE, P.C.
5203 Leesburg Pike, Suite 600
Falls Church, VA 22041

Adresser toute communication téléphonique à:
(Nom) (Numéro de téléphone)

(703) 998-3302

Direct Telephone Calls to: (name and telephone number)

(703) 998-3302

Nom complet du seul ou premier inventeur POURCHEZ Thierry		Full name of sole or first inventor	
Signature de l'inventeur 	Date 9-2-1998	Inventor's signature	Date
Domicile 172 Boulevard Jean Moulin 62400 BETHUNE FRANCE		Residence	
Nationalité Française		Citizenship	
Adresse Postale /		Post Office Address	
Nom complet du second co-inventeur, le cas échéant		Full name of second joint inventor, if any	
Signature de l'inventeur 	Date 9-2-1998	Second Inventor's signature	Date
Domicile		Residence	
Nationalité		Citizenship	
Adresse Postale		Post Office Address	

(Fournir les mêmes renseignements et la signature de tout co-inventeur supplémentaire.)

(Supply similar information and signature for third and subsequent joint inventors.)

0902921.03998

Applicant or Patentee POURCHEZ Thierry Attorney's
Serial or Patent No. _____ Dock No. _____
Filed or Issued: _____

For: MULTILUMEN CATHETER PARTICULARLY FOR HEMODIALYSIS

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(f) and 1.27(b)) - INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention described in the above-identified: ☐ Patent ☒ Application

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

☒ no such person, concern, or organization
☐ persons, concerns, or organizations listed below*

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME POURCHEZ Thierry

ADDRESS 172 Boulevard Jean Moulin

62400 BETHUNE FRANCE

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

FULL NAME _____

ADDRESS _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

FULL NAME _____

ADDRESS _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of my change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

POURCHEZ Thierry

NAME OF INVENTOR

NAME OF INVENTOR

NAME OF INVENTOR

Signature of Inventor

Signature of Inventor

Signature of Inventor

Date

Date

Date

9-2-1998